No.300 10.48	FILED NOV	10 1950	STANDARD CERTII	FICATE OF DEA	TH State File	33300
1	BIRTH NO.		REG. DIST. NO. 132	PRIMARY REG. DIST.		
13	1. PLACE OF DEAT	hund	Y	00221 M 1820		wolf
	b. CITY (If outride corp OR TOWN	RENT	O N township) STAY (in this place	TOWN 7	OFRICE RUNAL and CI	ve township
PERMANENT RECORD	INSTITUTION	Wrigh	thution, give strept address or location)		of the state of th	X O
VT K	3. NAME OF DECEASED (Type or Print)	Coxx	b. (Middile)	LEMIND	DEATH 6	onth) (Day) (Year)
ANE	MALE	Chice	7. MARRIED, NEVER MARRIED, WIRDWED, DIVORCED (Specify)	s DATE OF BIRTH		F UNDER I YEAR IF UNDER IL HRS.
PERM	10a. USUAL OCCUPATION down during most of working	(Give kind of work ille, even if retired) the Dage C. R.J.	10b. KIND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (Biato C	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
₹	13a, FATHER'S NAME	FLEMIN	136. MOTHER'S MAIDEN	NAME . TELMICK	ethel I les	R WIFE
MAKI	15. WAS DECEASED EVER (You, no, or unknown) (If you	IN U.S. ARMED FC		17. INFORMANT'S	SIGNATURE PR NAME	Dienon Mo
INKMAKE	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CON DIRECTLY LEADIN	UDITION A	te Pardi	u Failine	ONSET AND DEATH
BLACK	*This does not mean the mode of dying, such	ANTECEDENT CAU Morbid conditions,	110	endaged al	erio Selevario	,
	case, injury, or complica-	Morbid conditions, rise to the above cau the underlying cause	DUE TO (c)			
ADING			CANT CONDITIONS  ling to the death but not or condition causing death.			4500
UNE	TION	196. MAJOR FINDI	NGS OF OPERATION	· · · · · · · · · · · · · · · · · · ·		20. AUTOPSY7
ING	21a. ACCIDENT (8 SUICIDE - HOMICIDE	pecify) 21 ho	b. PLACE OF INJURY (e.g., in or about me, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR T	OWNSHIP) (COUNT	(STATE)
.—ns	21d. TIME (Month) . OF INJURY	(Day) (Year) (He	DOLD 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY	OCCUR7	
Continue of the first of the deceased from   Country						
	23a. SIGNATURE	lu Di	Degree or t(tle)	23b. ADDRESS	utin Mo	23c. DATE SIGNED
WRITE	24a. BURTAL, CREMA- TION REMOVAL (BOOKLE)	246, DATE 10-28	50 Milan	COR CREMATORY 2	dd, LOCATION (City, town, o	
	DATE REC'D BY LOCAL REG.	REGISTRAR'S SIG	ENATURE 115	25. FUNERAL DIRECT	OR'S SIGNATURE Blackmy S	rentin Mo.
	y gine		(Licensed Embalmer's 5	statement on Reverse Side		



iOV ;

STATEMENT	BY	LICENSED	<b>EMBALMER</b>

I hereby certify that the body whose name is recorded on the reverse side of this	certificate was embalmed by me, or by
working under my personal supervision.	Student Embalmer No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

North Street

Licensed Embalmer No.....

P. O. Address\_\_\_\_